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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/152,290 05/22/2002 PAT 6,717,746 *SB*** FOREIGN APPLICATIONS ***** *SA*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowable <i>SA</i>	STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Catadioptric reduction lens

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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